



## Speakers Bureau Profile Form

The information you provide below will only be used by the American Association of Kidney Patients (AAKP) to evaluate your eligibility to serve on the AAKP Speakers Bureau. If you have any questions, please call (800) 749-AAKP. *Completion of this form does not automatically guarantee selection as a speaker.*

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(day time phone number with area code)

E-Mail: \_\_\_\_\_

### Level of Interest (check all that apply)

- I am interested in learning about **all** speaking opportunities with AAKP.
- I am **only** interested in learning about 2007 Annual Convention speaking opportunities.
- I am interested in learning about how I can also share my story with AAKP publications/Web site.

### Experience

- I am a:
- Patient
    - Dialysis
    - Transplant
    - CKD – not yet on dialysis
    - Hemodialysis: ( In-Center  Home  Daily  Nocturnal)
    - Peritoneal dialysis: ( CCPD  CAPD)
  - Family Member
  - Caregiver
  - Professional (credentials: \_\_\_\_\_)
    - Social Worker
    - Dietitian
    - Nurse
    - Physician
  - Other \_\_\_\_\_

Why are you interested in serving on the AAKP Speakers' Bureau?

\_\_\_\_\_  
\_\_\_\_\_

Please briefly explain your experiences/areas of expertise. Please limit your response to 150 words. An additional form may be attached, as long as you do not exceed 150 words.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return form by Feb. 26, 2007 to:  
American Association of Kidney Patients  
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(800) 749-AAKP • (813) 636-8122 Fax • info@aakp.org